

**Non-Institutional Edit Requirements****Element Name: Patient Coinsurance (2-140) (Continued)**

ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup>	O	OUTPATIENT
ENROLLMENT STATUS	F	CONTRACTOR STANDARD CHAMPUS
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE	N	CHAMPUS SELECT
NO OCCURRENCE OF SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
	6	HOME HEALTH CARE
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY DEPENDENT SERVICES PROVIDED IN OCHAMPUSEUR
NO OCCURRENCE OF PATIENT RELATIONSHIP	T	FORMER SPOUSE
	H	
	R	
	Y	
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
<b>OR</b>		
TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED >ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

- EDITS FOR CHAMPUS SELECT. RETIRED SPONSORS AND THEIR DEPENDENTS. AND DEPENDENTS OF DECEASED SPONSORS.

**2-140-25R** PATIENT COINSURANCE MUST BE 15% (ALLOW 1+ ROUNDING ERROR) OF (AMOUNT ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) WHEN

SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**Non-Institutional Edit Requirements****Element Name: Patient Coinsurance (2-140) (Continued)****OR**NO OCCURRENCE OF  
PATIENT RELATIONSHIP

W TITLE III RETIREE

T FORMER SPOUSE  
H  
R  
Y

PROGRAM INDICATOR

I INSTITUTIONAL  
N NON-INSTITUTIONAL  
D DRUG  
T DENTAL

ENROLLMENT STATUS

F CONTRACTOR STANDARD CHAMPUS  
Y CONTINUED HEALTH CARE BENEFIT PROGRAM  
STANDARDANY OCCURRENCE OF FIRST  
POSITION OF TYPE OF  
SERVICE<sup>1</sup>I INPATIENT  
  
K EMERGENCY ROOM ADMISSION  
M MATERNITY OUTPATIENT, COST-SHARED AS  
INPATIENT  
P OUTPATIENT PARTIAL PSYCHIATRIC  
HOSPITALIZATIONANY OCCURRENCE OF  
SPECIAL PROCESSING CODE

N CHAMPUS SELECT

NO OCCURRENCE OF  
OVERRIDE CODEK CATASTROPHIC LOSS  
  
U BENEFICIARY INDEMNIFICATION PAYMENT  
V ACTIVE DUTY DEPENDENT SERVICES PROVIDED  
IN OCHAMPUSEUR  
  
I INITIAL SUBMISSION  
R RESUBMISSION OF ERROR REJECT  
O ZERO PAYMENT  
F ADJUSTMENT NEW SUFFIX**OR**

TYPE OF SUBMISSION

A ADJUSTMENT  
C CANCELLATION WITH AMOUNT ALLOWED >ZEROWITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE  
DATABASE.**2-140-26R** PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF (AMOUNT  
ALLOWED MINUS AMOUNT APPLIED TOWARD DEDUCTIBLE) **WHEN**<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL  
DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

# Non-Institutional Edit Requirements

## Element Name: Patient Coinsurance (2-140) (Continued)

SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANENTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE
<u>OR</u>		
PATIENT RELATIONSHIP	T	FORMER SPOUSE
	H	
	R	
	Y	
PROGRAM INDICATOR	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ENROLLMENT STATUS	F	CONTRACTOR STANDARD CHAMPUS
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE <sup>1</sup>	O	OUTPATIENT
	A	AMBULATORY SURGERY
ANY OCCURRENCE OF SPECIAL PROCESSING CODE	N	CHAMPUS SELECT
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	U	BENEFICIARY INDEMNIFICATION PAYMENT
	V	ACTIVE DUTY DEPENDENT SERVICES PROVIDED IN OCHAMPUSEUR
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
<u>OR</u>		
TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED >ZERO

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

# Chapter 6

## Non-Institutional Edit Requirements

### Element Name: Patient Coinsurance (2-140) (Continued)

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

**2-140-27R** PATIENT COINSURANCE MUST BE 15% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED AND

SPONSOR STATUS	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
PATIENT RELATIONSHIP NOT EQUAL	T	FORMER SPOUSE
	H	
	R	
	Y	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE	!	NORTHERN REGION COORDINATED CARE
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	V	ACTIVE DUTY DEPENDENT SERVICES PROVIDED IN OCHAMPUSEUR
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE	O	OUTPATIENT
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

**OR**

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED >ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

**2-145-27R** PATIENT COPAYMENT MUST EQUAL ZERO WHEN

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

# Non-Institutional Edit Requirements

## Chapter 6

### Element Name: Patient Coinsurance (2-140) (Continued)

SPONSOR STATUS	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
ANY OCCURRENCE OF SPECIAL PROCESSING CODE	!	NORTHERN REGION COORDINATED CARE
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
	V	ACTIVE DUTY DEPENDENT SERVICES PROVIDED IN OCHAMPUSEUR
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE	O	OUTPATIENT
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

#### OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED >ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE  
DATABASE.

**2-140-28R** PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT  
ALLOWED AND

SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANANTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL  
DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

# Chapter 6

## Non-Institutional Edit Requirements

Element Name: Patient Coinsurance (2-140) (Continued)

OR

PATIENT RELATIONSHIP	T	FORMER SPOUSE
	H	
	R	
	Y:	
ANY OCCURRENCE OF SPECIAL PROCESSING CODE	!	NORTHERN REGION COORDINATED CARE
NO OCCURRENCE OF SPECIAL PROCESSING CODE	?	AMBULATORY SURGERY
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE	O	OUTPATIENT
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED >ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

2-145-28R PATIENT COPAYMENT MUST EQUAL ZERO WHEN

SPONSOR STATUS	F	FORMER MEMBER
	I	PERMANANTLY DISABLED
	O	TEMPORARILY DISABLED
	R	RETIRED
	K	DECEASED
	D	100% DISABLED
	W	TITLE III RETIREE

OR

PATIENT RELATIONSHIP	T	FORMER SPOUSE
	H	
	R	
	Y:	

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

# Non-Institutional Edit Requirements

## Element Name: Patient Coinsurance (2-140) (Continued)

ANY OCCURRENCE OF SPECIAL PROCESSING CODE ! NORTHERN REGION COORDINATED CARE

NO OCCURRENCE OF OVERRIDE CODE K CATASTROPHIC LOSS

ANY OCCURRENCE OF FIRST POSITION OF TYPE OF SERVICE O OUTPATIENT

TYPE OF SUBMISSION I INITIAL SUBMISSION  
R RESUBMISSION OF ERROR REJECT  
O ZERO PAYMENT  
F ADJUSTMENT NEW SUFFIX  
G ADDITIONAL DRG INTERIM BILLING

### OR

TYPE OF SUBMISSION A ADJUSTMENT  
C CANCELLATION WITH AMOUNT ALLOWED >ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

**2-140-29R** PATIENT COINSURANCE MUST BE 20% (ALLOW 1¢ ROUNDING ERROR) OF AMOUNT ALLOWED AND

SPONSOR STATUS F FORMER MEMBER  
I PERMANENTLY DISABLED  
O TEMPORARILY DISABLED  
R RETIRED  
K DECEASED  
D 100% DISABLED  
W TITLE III RETIREE

### OR

PATIENT RELATIONSHIP T FORMER SPOUSE  
H  
R  
Y;

ANY OCCURRENCE OF SPECIAL PROCESSING CODE U MEDICARE PHARMACY

NO OCCURRENCE OF OVERRIDE CODE K CATASTROPHIC LOSS

PROGRAM INDICATOR D DRUG

TYPE OF SUBMISSION I INITIAL SUBMISSION  
R RESUBMISSION OF ERROR REJECT

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

**Non-Institutional Edit Requirements**

Element Name: **Patient Coinsurance (2-140) (Continued)**

- O ZERO PAYMENT
- F ADJUSTMENT NEW SUFFIX
- G ADDITIONAL DRG INTERIM BILLING

**OR**

TYPE OF SUBMISSION

- A ADJUSTMENT
- C CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

**2-145-29R** PATIENT COPAYMENT MUST EQUAL ZERO **WHEN**

SPONSOR STATUS

- F FORMER MEMBER
- I PERMANENTLY DISABLED
- O TEMPORARILY DISABLED
- R RETIRED
- K DECEASED
- D 100% DISABLED
- W TITLE III RETIREE

**OR**

PATIENT RELATIONSHIP

- T FORMER SPOUSE
- H
- R
- Y;

ANY OCCURRENCE OF  
SPECIAL PROCESSING CODE

- U MEDICARE PHARMACY

PROGRAM INDICATOR

- D DRUG

TYPE OF SUBMISSION

- I INITIAL SUBMISSION
- R RESUBMISSION OF ERROR REJECT
- O ZERO PAYMENT
- F ADJUSTMENT NEW SUFFIX
- G ADDITIONAL DRG INTERIM BILLING

**OR**

TYPE OF SUBMISSION

- A ADJUSTMENT
- C CANCELLATION WITH AMOUNT ALLOWED >ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

**2-140-30R** AMOUNT OF COINSURANCE MUST BE EQUAL TO ZERO **AND**

**2-145-30R** AMOUNT OF COPAYMENT MUST BE GREATER THAN ZERO **WHEN**

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!



# Non-Institutional Edit Requirements

## Chapter 6

### Element Name: Patient Coinsurance (2-140) (Continued)

ANY OCCURRENCE OF SPECIAL PROCESSING CODE	*	VA MEDICAL CENTER CLAIM
PROGRAM INDICATOR	D	DRUGS
NO OCCURRENCE OF OVERRIDE CODE	K	CATASTROPHIC LOSS
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	G	ADDITIONAL DRG INTERIM BILLING

#### OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRS STORED ON THE  
DATABASE

**2-140-31R** AMOUNT OF COINSURANCE MUST BE EQUAL TO ZERO WHEN  
SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY  
ANY OCCURRENCE OF  
SPECIAL PROCESSING CODE  
= AD ACTIVE DUTY

<sup>1</sup> SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL  
DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

